

Foster Family Home - Corrective Action Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-2

4-900 Kumuaao St.

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/7/2018

End Date: 5/7/18

Foster Family Home

Required Certificate

[17-1454-6]

(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 5/7/18. PCG requests to increase to a 3 client CCFFH.

(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

David Ayling

Date

5/7/18

Primary Care Giver

Rowena Cabello

Date

5/7/18